

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: AIR BEARING SLIDERS WITH A PRESSURE
CAVITY OR CAVITIES
Attorney Docket Number:: S01.12-0981/STL11273
Request for Non-Publication?:: No
Suggested Drawing Figure:: FIG. 2
Total Drawing Sheets:: 12
Small Entity?:: No
Petition included?:: No
Petition Type::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Given Name:: Rajashankar
Family Name:: Rajakumar
Name Suffix::
City of Residence:: Richfield
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing address:: 6520 Oliver Ave., Apt. #8
City of Mailing address:: Richfield
State of Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code:: 55423

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: Pendray
Family Name:: John R.
Name Suffix::
City of Residence:: Edina
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing address:: 4000 Parklawn Ave #326
City of Mailing address:: Edina
State of Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code:: 55435

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Given Name:: Zine-Eddine
Family Name:: Boutaghou
Name Suffix::
City of Residence:: North Oaks
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing address:: 4 Shadow Lane
City of Mailing address:: North Oaks
State of Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code:: 55127

Correspondence Information

Name:: Deirdre M. Kvale
Street of mailing address:: Westman, Champlin & Kelly
900 Second Avenue South, Suite 1600
City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55402-3319
Phone number:: 612/334-3222
Fax number:: 612/334-3212
E-Mail address:: dkvale@wck.com

Representative Information

Representative Customer Number::	000027365	
----------------------------------	-----------	--

Assignee Information

Assignee name:: Seagate Technology LLC
Street of mailing address:: 920 Disc Drive
City of mailing address:: Scotts Valley
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95066